

HEALTHCARE PROVIDER SERVICES AGREEMENT

Contract ID: CON-2024-001
Effective Date: January 1, 2024
Termination Date: December 31, 2025

PARTIES

PAYER: Aetna Health Insurance
Payer ID: AETNA001
151 Farmington Avenue, Hartford, CT 06156

PROVIDER: Metro General Hospital
NPI: 1234567890
500 Medical Center Drive, Chicago, IL 60601

1. SCOPE OF SERVICES

Provider agrees to furnish healthcare services to Payer's members in accordance with the terms and conditions set forth in this Agreement. Services shall include inpatient, outpatient, and emergency care as specified in the Rate Schedule below.

2. RATE SCHEDULE

Service Category	CPT Code	Description	Rate Type	Rate Amount
Inpatient	99213	Established Patient Office Visit - Level 3	Per Diem	\$450.00
Inpatient	99214	Established Patient Office Visit - Level 4	Per Diem	\$550.00
Inpatient	99215	Established Patient Office Visit - Level 5	Per Diem	\$725.00
Outpatient	99203	New Patient Office Visit - Level 3	Fee Schedule	\$125.00
Outpatient	99204	New Patient Office Visit - Level 4	Fee Schedule	\$175.00
Outpatient	99205	New Patient Office Visit - Level 5	Fee Schedule	\$250.00
Emergency	99281	Emergency Dept Visit - Level 1	Fee Schedule	\$150.00
Emergency	99282	Emergency Dept Visit - Level 2	Fee Schedule	\$250.00
Emergency	99283	Emergency Dept Visit - Level 3	Fee Schedule	\$350.00
Emergency	99284	Emergency Dept Visit - Level 4	Fee Schedule	\$500.00
Emergency	99285	Emergency Dept Visit - Level 5	Fee Schedule	\$750.00
Surgery	27447	Total Knee Replacement	Case Rate	\$18,500.00
Surgery	27130	Total Hip Replacement	Case Rate	\$19,200.00

3. PAYMENT TERMS

Payer shall remit payment to Provider within thirty (30) days of receipt of a clean claim. Claims must be submitted electronically using the standard HIPAA 837 format.

4. TERM AND TERMINATION

This Agreement shall commence on the Effective Date and continue through the Termination Date unless earlier terminated. Either party may terminate this Agreement with ninety (90) days written notice.

5. AMENDMENTS

This Agreement may be amended only by written instrument signed by both parties. Rate adjustments shall be made annually, effective January 1st of each year.

6. COMPLIANCE

Both parties agree to comply with all applicable federal and state laws, including but not limited to HIPAA, the Anti-Kickback Statute, and the Stark Law.

SIGNATURES

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

FOR PAYER:

Authorized Representative
Aetna Health Insurance
Date: January 1, 2024

FOR PROVIDER:

Authorized Representative
Metro General Hospital
Date: January 1, 2024